

BK0381PG0669

Prepared by and return to:

Joseph M. Sparkman, Jr.
Attorney at Law
Post Office Box 266
Southaven, MS 38671-0266
662-349-6900

STATE MS.-DE SOTO CO.
FILED

WARRANTY DEED

OCT 27 9 45 AM '00

Nora P. Minor, a Single Person
GRANTOR

BK381 PG 6669
W.F. CLK.

to:

John S. Reeves and wife, Dorothy A. Reeves
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Nora P. Minor, a Single Person does hereby sell, convey, and warrant unto John S. Reeves and wife, Dorothy A. Reeves, as joint tenants with full right of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 8, Section A, Summerhills Subdivision, in Section 26, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 1, Page 50, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, Larkin Minor, departed this life on JANUARY 13, 1993 while an adult resident citizen of DE SOTO County, MISSISSIPPI as evidenced by the attached death certificate.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 1, Page 50.

Taxes for the year 2000 are to be paid by Grantees and possession is to be given with receipt of Deed.

WITNESS the signature of the Grantors, this the 25th day of October, 2000.

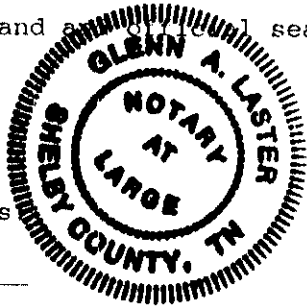
Nora P. Minor

With L. Whitten
Power of Attorney

STATE OF
COUNTY OF

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Nora P. Minor, a Single Person, who acknowledge that she executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and seal of office, this the 25th day of October, 2000.



Glenn A. Laster
Notary Public

My Commission Expires

01/15/03

GRANTOR'S ADDRESS:

1347 PEARSON AVE
MPHS TN 38104
Work Phone #: N/A
Home Phone #: 901 726.1273

GRANTEE'S ADDRESS:

4902 Hillsdale Road
Olive Branch, Mississippi 38671
Work Phone #: 901. 291.5819
Home Phone #: 662 893-4318

26

000193 BK0381PG0671

MISSISSIPPI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) LARKIN (N.M.N.) MINOR		2. SEX MALE	3. DATE OF DEATH (Month, Day, Year) JANUARY 13, 1993
4. SOCIAL SECURITY NUMBER (of Decedent) 427-18-8387	5a. AGE - LAST BIRTHDAY (Month, Day, Year) 80	5b. PLACE OF BIRTH (Month, Day, Year) AUG. 23, 1912	7. BIRTHPLACE (City and State or Foreign Country) BENTON COUNTY, MS.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) METHODIST CENTRAL		11. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS, TN.	
12. COUNTY OF DEATH SHELBY		13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) CITY DRIVER	
14. KIND OF BUSINESS/INDUSTRY TRANSCON TRUCK LINES		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED	
16. SURVIVING SPOUSE (If wife, give maiden name) NORA PARKER		17. STREET AND NUMBER OR RURAL LOCATION 4902 HILLSDALE	
18. RESIDENCE - STATE MS		19. COUNTY DESOTO	
20. CITY, TOWN OR LOCATION OLIVE BRANCH		21. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+)	
22. RACE - American Indian, Black, White, etc. (Specify) WHITE		23. MOTHER'S NAME (First, Middle, Maiden Surname) EMMA CLAYTON	
24. FATHER'S NAME (First, Middle, Last) GEORGE MINOR		25. MOTHER'S NAME (First, Middle, Maiden Surname) EMMA CLAYTON	
26. INFORMANT'S NAME (Type/Print) NORA MINOR		27. RELATIONSHIP TO DECEDENT WIFE	
28. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4902 Hillsdale Olive Branch, MS 38654		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILLS SOUTH	
30. LOCATION - City or Town, State MEMPHIS, TN.		31. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
32. SIGNATURE OF FUNERAL DIRECTOR <i>Ronald W. Harrison</i>		33. LICENSE NUMBER OF FUNERAL DIRECTOR 38415	
34. SIGNATURE OF EMBALMER <i>Ronald W. Harrison</i>		35. LICENSE NUMBER OF EMBALMER 3835	
36. NAME AND ADDRESS OF FUNERAL HOME FOREST HILLS FUNERAL HOME, SOUTH 2646 E. HOLMES RD. MEMPHIS, TN 38118		37. LICENSE NUMBER OF FUNERAL HOME 486	
38. REGISTRAR'S SIGNATURE <i>Beatrice Sherman</i>		39. DATE FILED (Month, Day, Year) January 26, 1993	
40. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Dr. C. Miller</i>		41. LICENSE NUMBER MD 4588	
42. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		43. DATE SIGNED (Month, Day, Year) 1-19-93	
44. NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type/Print) BILL O'NEVER MID. 1265 UNION AVENUE MEMPHIS, TENN.		45. DATE SIGNED (Month, Day, Year)	
46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) - Pneumonia Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Underlying Cause -			
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Q. Thrombotic Arteriosclerosis P. Chronic Arteriosclerosis			
48. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
50. MANNER OF DEATH 1		51. DESCRIBE HOW INJURY OCCURRED	

DECEDENT

DISPOSITION

REGISTER

CERTIFY

PHYSICIAN OR MEDICAL EXAMINER EXCURTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT, 314 JEFFERSON AVE.,
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of
the record filed with the Tennessee Vital Records by the Memphis and Shelby County
Health Department.

SEAL

Date Issued

OCT 24 2000

by

Kenneth Johnson
Kenneth Johnson, Registrar
Vital Records Section